

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1957

STATE FILE NUMBER

24607

3111

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Osteopathic Hospital</u> Length of stay in lb <u>14 yrs</u>			d. STREET ADDRESS (If outside, give location) <u>2924 Tracy</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>EFFIE INEZ HENSON</u> First Middle Last			4. DATE OF DEATH <u>July 4 1957</u> Month Day Year		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 2 1884</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (City and state or country) <u>Chattanooga Tenn</u>		
13. FATHER'S NAME <u>Unknown Fisher</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Lyble Emerson</u> Address <u>814 Belmont St.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Malnutrition & Inanition</u> DUE TO (c) <u>Primary adenocarcinoma of adrenals & metastasis to lung.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1957</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u> <u>5 weeks</u> <u>unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 20 1957</u> to <u>July 4, 1957</u> and last saw her <u>alive</u> on <u>July 3, 1957</u> Death occurred at <u>2:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Verner J. Ames M.D.</u> (Degree or title)			22b. ADDRESS <u>926 E. 11th K.C., Mo.</u>		22c. DATE SIGNED <u>7-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 6, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oberator Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Oberator Illinois</u>	
24. FUNERAL DIRECTOR <u>Wilks Funeral Home</u> ADDRESS <u>2315 Greenwood</u>		25. DATE RECD. BY LOCAL REG. <u>7-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Wera Minshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. J. Ames

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 26

P. O. Address H. E. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.